

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 13 | 4/21/79 |
| FORMALITY REVIEW | S.H.L. | 70074 | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Original | Date |
|-------|----------|---------|
| 1 | ✓ | 6/29/78 |
| 2 | ✓ | 1/23/79 |
| 3 | | 1/23/79 |
| 4 | | 1/23/79 |
| 5 | ✓ | 1/23/79 |
| 6 | N | N |
| 7 | N | N |
| 8 | N | N |
| 9 | N | N |
| 10 | | |
| 11 | | |
| 12 | ✓ | ✓ |
| 13 | ✓ | ✓ |
| 14 | N | ✓ |
| 15 | ✓ | ✓ |
| 16 | | |
| 17 | | |
| 18 | ✓ | ✓ |
| 19 | ✓ | ✓ |
| 20 | | |
| 21 | N | N |
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| 23 | | |
| 24 | | |
| 25 | N | N |
| 26 | ✓ | ✓ |
| 27 | ✓ | ✓ |
| 28 | N | N |
| 29 | ✓ | ✓ |
| 30 | ✓ | ✓ |
| 31 | N | N |
| 32 | ✓ | ✓ |
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| Claim | Original | Date |
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BEST AVAILABLE COPY

| Claim | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)